Articles

Patient Attitudes About Mandatory Reporting of Domestic Violence
Implications for Health Care Professionals

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As of January 1994, California physicians are required to report to police all patients who are suspected to be victims of domestic violence. This article describes the results from a focus group study of abused women (n = 51) that explored their experiences with and perspectives on medical care. The eight focus groups included two Latina (total n = 14), two Asian (total n = 14), two African-American (total n = 9), and two Caucasian (total n = 14) groups of women who had been the victims of domestic abuse within the previous 2 years. The women were recruited through community-based organizations in the San Francisco Bay Area. With regard to physician reporting of domestic violence to police, five themes were identified: fear of retaliation by the abuser, fear of family separation, mistrust of the legal system, desire for police protection, and preference for confidentiality and autonomy in the patient–health professional relationship. Our results indicate that mandatory reporting may pose a threat to the safety and well-being of abused women and may create barriers to their seeking help and communicating with health care professionals about domestic violence.

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Domestic violence is a leading cause of morbidity and mortality in women. It is estimated that 4.4 million women in the United States are physically abused by intimate partners each year.[1] Domestic violence victims make up an alarmingly high proportion of women seeking care for trauma and medical and psychological problems.[2–9] Yet, despite the high prevalence of domestic violence victims in healthcare settings, only a small proportion of abused women are identified as such by health care professionals.[10] Because of the high utilization of medical services by victims of domestic violence, health care workers are in a unique position to identify and assist victims of abuse.

Researchers have identified several barriers that affect the ability of both physicians and patients to address the topic of domestic violence. Obstacles to physician inquiry include time constraints, a lack of training or protocols for dealing with domestic violence, discomfort with the topic of abuse, fear of offending patients, and feelings of powerlessness.[2,11] Abused women's reluctance to disclose abuse to their physicians is based on fear of retaliation by the abuser, shame, embarrassment, low self-esteem, and family loyalty.[12]

As the medical community works to improve detection and intervention by health care professionals, lawmakers have responded with a range of legislation. While most states require health care workers to report to the police patients with injuries resulting from illegal acts, a few states have added specific language to include adult victims of domestic violence.[13] In California, health care and other professionals are required to report to the police patients whom they reasonably suspect are suffering from a domestic violence–related injury.[14] The health care professional must notify the police by telephone and submit written findings within 2 days. These reports must include, but are not limited to, the name of the victim, the victim's whereabouts, the extent of the victim's injuries, and the identity of the alleged perpetrator.

California's mandatory reporting law has possible advantages, but it also presents potential disadvantages. Potential benefits include improved crime detection and

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data collection, enhanced victim safety through better police protection, increased responsiveness of the health care system, and relief for victims from the onus of reporting.[13] Potential disadvantages include retaliation by abusers, decreased utilization of health care services, and loss of abused women's control over the decision to involve the legal system.[15] Additionally, the patient-physician relationship may be strained when confidentiality is compromised.

Our previous work has addressed barriers to health care for abused female patients,[12] special needs of abused women in patient–health professional interactions,[16] and a legal analysis of mandatory reporting legislation.[15] This article describes abused women's experiences with police and concerns about the consequences of physician reporting to police. These research findings serve as an initial exploration of the impact of mandatory reporting practices.

Methods

Because of the general lack of information regarding patient perspectives on mandatory reporting practices, qualitative research using focus groups was conducted to best elicit the experiences, beliefs, feelings, and attitudes of abused women patients.[17] Semistructured focus group discussions using open-ended questions were designed to elicit participants' experiences with and perspectives about the health care system. In particular, the participants were asked to discuss definitions of domestic abuse; sources of help for problems related to domestic abuse; and the attitudes, feelings, and behaviors that may predispose abused women to seek or avoid seeking help from health care professionals. The original focus group instrument was written in Spanish, translated into English, then translated back into Spanish to verify the accuracy of the translation process. Only minor grammatical differences were noted. The English version was translated into Mandarin and Cantonese; no further back-translation was performed. This study was approved by the Human Subjects Review Committee at Stanford University, and informed consent was obtained from all participants.

Women from four ethnic groups were recruited through community-based organizations that included women's advocacy groups and abused women's resource centers and shelters in the San Francisco Bay Area. Women ages 18 to 64 years who had been victims of domestic abuse within the previous 2 years were eligible to participate. Each of the eight 90-minute focus groups was composed of women with the same ethnic identity and was facilitated by two moderators, at least one of whom was female and matched the ethnic makeup of the group. Two focus groups of Latinas were conducted in Spanish, one focus group of Asian women was conducted in both Mandarin and Cantonese, and all other groups were conducted in English. Discussions were audiotaped, transcribed, and translated into English. The transcripts were not translated back into the original languages.

Based on iterative readings of the transcripts by independent readers, a list of codes was developed to encapsulate topics discussed in the focus groups. Each transcript was subsequently coded by people matched for ethnicity of the focus group participants and by people outside the culture. Coded data were organized using Ethnograph 4.0, software designed for qualitative data analysis. For this article, readers focused primarily on the participants' experiences with the legal system, concerns about police involvement, and perspectives on the legal system's impact on patient–health professional communication. Described here are themes that were discussed in at least three focus groups and among at least three ethnicities.

Results

The study population (n = 51) included 14 Latina women from Mexico, El Salvador, Guatemala, and Colombia who had lived in the United States for 1–15 years; 14 Asian women from China, Vietnam, Korea, the Philippines, and Taiwan who had lived in the United States for 1–22 years; and 9 African-American and 14 Caucasian women born in the United States. Of those women who agreed to participate, attendance rates were 88% (14 of 16) for Caucasian and Latina women, 78% (14 of 18) for Asian women, and 69% (9 of 13) for African-American women. The participants were ages 22 to 60 years with a median age of 34 years. Their formal education ranged from none to university level with a median of 12 years. Forty (78%) of the participants had children.

Participants in all eight focus groups discussed their perspectives on police involvement in domestic violence and physician reporting to police. Specific themes included fear of retaliation by the abuser, fear of family separation, mistrust of the legal system, desire for police protection, and preference for confidentiality and autonomy in the patient–health professional relationship. Although these themes are presented individually, they were highly interrelated. Many participants feared that involving the criminal justice system might lead to further abuse, separation of their families, or other negative consequences. In spite of frustrations with police responses, however, some participants wanted police protection during episodes of violence. Many participants preferred that physicians keep their confidentiality and allow patients to make decisions about when to involve the police.

Fear of retaliation by the abuser

Many of the participants were afraid violence would escalate if a physician report resulted in police intervention. This concern was addressed by all four ethnic groups and arose in seven of the eight focus groups. In some cases, the abused women were reluctant to seek medical care because they believed that police intervention resulting from physician reporting would have dangerous consequences for them. In other cases, the participants lied to health care professionals about the source of their injuries or withheld information about the

abuse to avoid police involvement. Some of the abused women felt that their safety could not be ensured by the police and therefore avoided disclosing their abuse to physicians as a way of preventing future violence.

> I say no way. I'm sorry, but if my doctor were to call the police and they went to my husband, my husband would have beat the shit out of me. I'm sorry, but there has got to be, maybe reported to Battered Women [a local resource center for abused women]. I don't know, but I don't think a doctor should go over your head, go to the police, it's dangerous.
>
> —Caucasian woman

> You don't know. You don't tell the doctor. You're scared of the husband.
>
> —Asian woman

> Oh, okay, but what made it difficult for me to confide [in a physician] was the fact that I feared for my life, you know. And I knew that if I was to tell them what actually happened that they would call the police and I would have to file a report and they couldn't guarantee me that they would be there 24 hours to protect me from this maniac. So, therefore, I wasn't taking that chance on my life....
>
> —African-American woman

Fears of family separation

Some participants were opposed to police involvement because they feared that it might result in separation of their families. This concern was addressed by three ethnic groups and arose in four of the eight focus groups. For some women, dissolution of the family meant loss of the father as the head of household, potential loss of child custody, or loss of the family's financial resources. Some participants believed that a marital separation would be especially harmful to their children. These participants avoided police involvement for the sake of their children and families.

> [My friend] confessed she's been in a battered situation for eight years.... I don't know if she's gone to the hospital or not, but it could ruin it for her. You don't know what will happen to your children. If you're in a battered situation, they'll take your kids, you know.
>
> —Caucasian woman

> But when he beat me too much I went to the hospital ... they told me that next time it happened I should call the police, but I didn't want to cause trouble for my children so I tolerated it. When he beat me, I tolerated it for the sake of my children....
>
> —Asian woman

> I grabbed my children and I went to the police to, how do you say, write the minutes ... but I have not dared to do it ... I fear to hurt the children, I always think of them, even though they do not want to see the violence....
>
> —Latina woman

Mistrust of the legal system

Many of the participants were resistant to police involvement because of previous negative experiences with police and mistrust of the legal system. This concern was addressed by all four ethnic groups and arose in six of the eight focus groups. Negative views of the criminal justice system stemmed from the participants' perception of police officers' negative attitudes toward them, delayed response to calls, insensitivity, and inadequate protection. In addition, some abused women were concerned about possible harm that would come to their partners. Other participants believed that the process of filing a police report and negotiating the court system would be onerous.

> [The police] get tired of coming or they take their time about coming if they know what's wrong.... I mean, so what if you don't follow through the first couple of times. You're going to get enough and follow through one time or another. And they just [say], "All you're going to do is let him come right [back]."
>
> —African-American woman

> What makes it difficult is that ... when you tell the doctor, the doctor is going to call the police and when the police get here, you already been through so much trauma and stuff that ... it's like you just going through it all over again. It's really hard to do because ... you have to go through the whole system ... and at that time, you're not looking to go through all that stuff.
>
> —African American woman

Some participants were afraid that if the police got involved, the victim would be held responsible and arrested for her involvement in the violence. Some participants reported that as a means of discouraging them from contacting the police, their abusive partners would threaten that the victim herself would be arrested. One participant reported that she was arrested for fighting back.

> And I was scared if I called the police, they would take me to jail.... [The perpetrator] said, "You can't call the police 'cause you'll go to jail too."
>
> —African-American woman

> I've had bad experiences with police officers. I've had two times where they've come over; I had to go pick up some things from my house.... Once I got there, [my ex-partner] started physically abusing me. And then he laughed and said, "I'm going to call the police on you because you're in my house."... He did this [assault] to me and the police officers yelled at me. They were rude.... They saw my shirt was ripped, they saw the handprints on me, everything. They did a police report against me.... I'm 120 [pounds] and here's this big guy saying, "She came over and she abused me."
>
> —Caucasian woman

Desires for police protection

Some participants believed that law enforcement plays an important role in protecting victims during violent episodes. This issue was addressed by three ethnic groups and arose in three of the eight focus groups. In fact, two women specifically stated that physician reporting to police relieves patients of the burden and responsibility of making a report.

> Usually my first thought is to call the police [about a battering incident].
>
> —Asian woman

> Until he would bring me thrown on the floor ... in this moment is when one looks at things truly and when one grabs the initiative of calling the police.
>
> —Latina woman

> I think that a doctor can help a lot of women who ask for help in terms of getting cured physically but also that the doctor should pay attention to her emotional ailment ... the doctors should see the need, that if one needs the police in this very place, the doctor can take care of it.... I feel the need that a doctor should take this responsibility of informing the police [about domestic violence]....
>
> —Latina woman

Preference for confidentiality and autonomy

Several of the abused women were concerned that physician reporting to police would infringe on patient-physician confidentiality and autonomy. These concerns were addressed by three ethnic groups and arose in six of the eight focus groups. Some participants remarked that without confidentiality between themselves and their physicians, it would be difficult for them to discuss domestic violence. Furthermore, they believed that they should retain control over decisions about when to involve the police. These participants expressed concern that mandatory reporting would impair the patient–health care professional relationship and diminish their trust in their physicians and in the medical system.

> I was going to say I don't think it would be a good idea, actually, to ask the police and the doctors to cooperate. Because it's hard enough to get the doctor to understand and if you think that it might be going further, you're going to be even more reluctant to say anything.... I think it would make people less apt to tell the doctor what they need to tell him for their own health. They're thinking of all the repercussions.
>
> —Caucasian woman

> What would make it easier for me would be to, um, preferred to be my choice. Well, I need help, can you call the police? Or if, um, this happened to me but I don't want the police involved, can you please treat me and keep my confidentiality? There's supposed to be a law that they keep confidentiality between the patient and the physician.
>
> —African-American woman

A few participants reported that when physicians took action on patients' behalf by documenting the abuse without making a police report, they felt empowered to prosecute the perpetrators when they were prepared to do so. When discussing possible health care interventions, some participants preferred approaches that would permit their physicians to assist them while allowing abused women to control the timing of criminal justice involvement.

> But [the hospital staff told] me that it would ... be up to me to make a full [domestic violence] report. That they would just notify the police that it had happened, but the police would not come out or do anything 'til I had made the report. So the control was still in my hands even though it was good that they did what they did. I felt that was appropriate.
>
> —Caucasian woman

> I think the doctor can ask you whether or not have you been involved in domestic violence and ask you, "Do you want to go through the procedures of pressing charges?" or whatever. And if you say yes, they'll help you out, and if you say no, they'll just put it on your chart and leave it alone....
>
> —African-American woman

Discussion

The results of this study indicate that California's mandatory reporting law may have a number of unintended negative consequences for domestic violence victims. In particular, many of the abused women in our study felt that physician reporting to police potentially jeopardizes the safety of patients, deters abused women from seeking medical services, and compromises medical professional standards of confidentiality and patient autonomy. Their reluctance to involve police was based on their fear of increased violence, concerns about family separation, and mistrust of the police.

Given the many concerns that the participants expressed about the potential consequences of police involvement, it is possible that mandatory reporting practices may create barriers to medical care for abused women. For many abused women, the consequences of reporting may serve as deterrents to seeking help from medical institutions. Interventions that potentially deter victims from seeking health care are undoubtedly problematic. Further research is necessary to assess the impact of mandatory reporting on the utilization of medical services among victims of domestic violence.

Several study participants expressed concerns about the impact of mandatory reporting on confidentiality and patient autonomy. The abused women indicated a desire to maintain confidentiality with their doctors and their ability to make their own decisions. Many participants wanted to discuss domestic violence with their physicians to obtain support and advice. However, they were reluctant to ask their doctors for help given the possibility that their conversations may not be kept confidential or, more importantly, might result in police involvement. Some of the participants chose to avoid talking with physicians about domestic violence to maintain their autonomy. The negative impact of mandatory reporting on confidentiality and autonomy may undermine current efforts by health care professionals to improve the identification and treatment of domestic violence.

This research had several limitations. The sample was small and was not randomly selected. As a result of the method of recruitment, women in our study were likely to have greater community involvement compared with other abused women. Further research should be conducted to determine whether the sentiments of participants presented here are shared by abused women throughout California and in other states.

Policy choices that seek to address the needs of abused women in healthcare settings are necessarily complex. Abused patients and their physicians face significant dilemmas under the current mandatory reporting law. Abused patients may not be sure whether their families are better served by involving the police, which might lead to protection from the abuser or could result in further violence or an unwanted separation of family members. If an abused patient does not want to involve the police, she may choose not to communicate with her physician about the abuse; this may preclude her from receiving much-needed assistance from her doctor, such as treatment of injuries, documentation of the abuse, emotional support, and referrals to domestic violence services. Clearly, research on the impact of mandatory reporting legislation on victims of domestic violence should be conducted before mandatory reporting legislation is enacted elsewhere.

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